



ADAP MAKEUP INSTRUCTOR PAYMENT FORM

COURSE LOCATION _____

ADDRESS _____

COURSE COMPLETION DATE _____

NUMBER PASSED _____ NUMBER FAILED _____

MAKE-UP _____ PRIVATE _____

INSTRUCTOR'S FULL NAME _____

INSTRUCTOR'S SOCIAL SECURITY NUMBER _____

ON DUTY _____ OFF DUTY _____

FEI# _____

INSTRUCTOR SIGNATURE

SHERIFF / CHIEF OF POLICE SIGNATURE

MAIL FORM TO:

Georgia State Patrol
Safety Education Unit
5036 State Route 85
Forest Park, GA 30297

MAILING ADDRESS _____

DPS USE ONLY

APPROVED _____ IN THE AMOUNT OF \$ _____

AUTHORIZED SIGNATURE _____